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**CONFIRMATION NO. 2819** 

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|---|--|-----------------------------------|---|-------------------|------------------------|-------------|--------------|--|---------------|
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| APPLICANTS  |  |                                   |   |                   |                        |             |              |  |               |
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| ** CONTINUING D   | ATAC   | ******                            |   |                   |                        |             |              |  |               |
| NONE TO   |  |                                   |   |                   |                        |             |              |  |               |
| ** FOREIGN APPLICATIONS ************************************  |  |                                   |   |                   |                        |             |              |  |               |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2003   |  |                                   |   |                   |                        |             |              |  |               |
| Foreign Priority claimed  |  |                                   |   | STATE OR          | SH                     | EETS        | тот          | ΓAL  | INDEPENDENT   |
|   |  |                                   |   | COUNTRY<br>TAIWAN | DR/                    | AWING<br>0  | CLAIMS<br>15 |  | CLAIMS<br>3   |
| ADDRESS<br>08933<br>DUANE MORRIS,<br>IP DEPARTMENT<br>ONE LIBERTY PL<br>PHILADELPHIA,<br>19103-7396 | ACE  |                                   |   |                   |                        |             |              |  | ·             |
| TITLE<br>Method for repair o  | of pho   | tomasks                           |   |                   |                        |             |              |  |               |
|   |  | ☐ All Fees                        |   |                   |                        |             |              |  |               |
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| 880   |  |                                   |   |                   |                        | <u> </u>    | Fees (       | Issue )  |               |
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